

1. PLACE OF DEATH—

County Lincoln City or Town Wesson Inside or Outside Corporate Limits? Outside  
Hospital \_\_\_\_\_ or Street \_\_\_\_\_ or Rural Precinct \_\_\_\_\_  
and Number \_\_\_\_\_

Length of Stay Before Death, (a) In Hospital \_\_\_\_\_ (b) In this Community 67 years

2. RESIDENCE BEFORE DEATH—

State Mississippi County Lincoln City or Town Wesson or Rural Precinct pt. 1

3. (a) FULL NAME James Wilson 425 If Foreign Born \_\_\_\_\_ How Long in U. S.? \_\_\_\_\_ Yrs. \_\_\_\_\_

3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_ No. \_\_\_\_\_  
3 (c) Social Security \_\_\_\_\_

4. Sex Male 5. Color or Race Black 6 (a) Single, widowed, married, divorced Married

6 (b) Name of husband or wife Emma Wilson 6 (c) Age of husband or wife if alive 60 years

7. Birth date of deceased August 5, 1876  
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lincoln Mississippi  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name Ephen Wilson

13. Birthplace Mississippi  
(City, town, or county) (State or foreign country)

14. Maiden name Manervia Henderson

15. Birthplace Mississippi  
(City, town, or county) (State or foreign country)

16 (a) Informant's signature Emma Wilson

(b) Address RT 1 Wesson, Miss

17 (a) Burial (b) Date 1/17/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Gallee Cemetary

18 (a) Signature, funeral director Frank B. Hoffman

(b) Address Brookhaven, Mississippi

19 (a) Jan 16, 1943 (b) Margaret M. Afford  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month January day 10  
year 1943 hour 3 A. M. or \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Jan 12, 1943 to Jan 12, 1943  
that I last saw him alive on Jan 12, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to ex.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

MAJOR FINDINGS:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION

ex

1-1316

130

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_
- (b) Date of occurrence \_\_\_\_\_
- (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of Injury \_\_\_\_\_

23. Signature D. L. Ridman M. D.  
Address Brookhaven, Miss Date Signed Jan 16, 1943